



Executive Committee Summary of Meeting Minutes June 12, 2018

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – present	Jerry Foxhoven -
David Hudson – present	Michael Randol -
Dennis Tibben – present	Julie Lovelady - present
Dan Royer – present	Deb Johnson - present
Shelly Chandler – present	Liz Matney -
Cindy Baddeloo – present	Kevin Kirkpatrick - present
Casey Ficek – present	Lindsay Paulson -
Lori Allen –	Sean Bagniewski -
Richard Crouch –	Luisito Cabrera - present
Julie Fugenschuh –	Alisha Timmerman -
Jodi Tomlonovic – present	

Introduction

Gerd called the roll call. Executive Committee attendance is as reflected above and quorum was met.

Approval of the Executive Committee Meeting Minutes of May 15, 2018

A vote was taken to approve the May 15, 2018, Executive Committee meeting minutes. The meeting minutes were approved.

Recommendations Response Letter

The SFY18 Quarter 2 recommendations response letter was made available in the materials packet. Gerd advised that the legislature is requesting the Committee review data and provide feedback to the legislature by December 31, 2018, and that the first recommendation is a topic for this feedback.

Email to Director Foxhoven regarding medical necessity

A copy of David's email was made available in the materials packet and the document was reviewed. David's recommendations to Director Foxhoven:

- The MCO contracts enable the MCOs to establish protocols that determine medical necessity. It is David's recommendation that standards or guidelines are developed to determine medical necessity and said standards be conveyed to members.
- David recommended that the MCOs provide a rationale to members when services are modified if they are modified due to their being considered not medically necessary.

Action Item:

The Department to discuss medical necessity at a future Executive Committee meeting: the process for medical necessity determinations; IME's role in the approval of determinations/changes to medical necessity, and; standards for determinations.

Legislative Lobbying

David stated that last fiscal year the MCOs spent a combined \$126,198 on lobbying and noted some

of the items that they lobbied against. Gerd and David will discuss legislation and regulations regarding MCO lobbying, as it relates to contracting with the Department, with Gretchen Kraemer. David's email with Gretchen Kraemer was discussed; document available in the materials packet.

Medicaid Director's Update

Legislative Update

Julie stated that the Department was currently reviewing Senate Bill 2418 and will provide a summary of the Bill to the MAAC at a future date. Julie advised that pertinent information within the Bill will be conveyed to providers via Informational Letters and providers may also contact Julie should they have additional questions.

MCO Contracts

Julie informed the Committee that contract negotiations with Amerigroup Iowa, Inc. (Amerigroup) and UnitedHealthcare Plan of the River Valley, Inc. (UnitedHealthcare) were underway. Iowa Total Care would begin providing coverage for managed care members July 1, 2019, and members would be notified by mail when they are able to select the new MCO. Additional information regarding the introduction of Iowa Total Care in the program will be shared at a later date.

Dental Wellness Plan (DWP)

Effective July 1, 2018, an Annual Benefit Maximum (ABM) will be implemented for every adult Medicaid member, age 21 and older enrolled in the DWP. The ABM amount of \$1,000 is per state fiscal year (July 1-June 30). The \$1,000 ABM will not apply to certain services such as preventive and emergent services.

Home- and Community-Based Services (HCBS) Quality Performance Measurements and State Plan Amendment (SPA) Updates

Julie stated that the Department received approval from the Centers for Medicare and Medicaid Services (CMS) for the HCBS Quality Performance Measurements; changing from 44 to 22 measures. There were 4 HCBS waivers and habilitation in public comment period, ending on July 2, 2018. The measures were the same as those approved for the Health and Disability (HD) HCBS waiver and are listed on the [Public Notices website](#)¹. Julie advised of additional SPAs that were in public comment period; information available on the Public Notices website.

Process Improvement Working Group

The next meeting was to be held on Thursday, June 21, 2018 and additional information regarding the working group can be found on the [Process Improvement Working Group website](#)². David expressed concern that working group discussions focus primarily on provider experiences and not those of consumers. Julie stated that working group discussions focus on consumer and provider concerns and a report regarding topics, discussions, and resolutions will be made available on the website and to the MAAC later in 2018.

Summary of monthly reports on service terminations and reductions that are provided to the Iowa Office of the Ombudsman

This topic is to be discussed at the July 3, 2018, Executive Committee meeting.

Action Item:

- Mike Randol to discuss Medicaid cost savings following the implementation of managed care at future Executive Committee meeting.

Open Discussion

Gerd discussed Section 131 of the appropriations bill stating that the Committee is to review data collected and analyze the information for inclusion in periodic reports that are due to the legislature; particularly reports that were required in Section 93 in Chapter 1139 that was passed by the 2016 Iowa Acts. The annual report is due December 31, 2018, although per legislation, initial information must be made available by October 1, 2018. A subcommittee consisting of David, Shelly, Cindy, Dennis, Casey, and Gerd was developed to discuss the reporting requirements. The first meeting was to take place prior to the Full Council meeting on August 9, 2018, with subsequent meeting dates to be determined.

Casey Ficek stated that the Iowa Pharmacy Association (IPA) had been made aware of issues regarding diabetic testing supplies due to the change in reimbursement rates for preferred brand products that Medicaid members were required to utilize. He stated the concern was in pharmacists no longer serving Medicaid members due to the decrease in reimbursement rates and the IME was currently assisting the IPA with their concerns.

David noted that in review of the capitation payments and medical loss ratios in the quarterly reports, it appeared that the MCOs have not earned a profit on services rendered.

Adjourn

4:08 P.M.

¹ <http://dhs.iowa.gov/public-notice>

² https://dhs.iowa.gov/ime/about/advisory_groups/piwg